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A Dietary Default

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The following is a transcription of the Third Quarter 1975 issue of Dr. Royal Lee's *Applied Trophology* newsletter, originally published by Standard Process Laboratories.

A Dietary Fault

Health's Missing Link

We have noted that in all highly regarded veterinary schools nutrition is a required subject, and the average veterinary doctor may have a greater concept of what nutrition is all about than graduates of some modern medical schools—and, in all probability, some of the dental schools. It is inconceivable that a farmer would patronize a doctor of veterinary medicine who did not have sufficient nutritional knowledge to keep his animals healthy. Like daisies, when Bossy is sick, she doesn't tell—where.

From a health standpoint it is regrettable that since the mid-1930s the average physician's ability to prevent disease through better nutrition has become a lost art. Obviously, this is why, according to statistics, the modern physician himself has a relatively low position in the longevity scale. The present era of medical specialization—sans nutrition—is probably best described by Dr. Russell B. Roth, a past president of the AMA. He stated:

> "Physicians today, in general, are trained to diagnose disease and disability and to treat them. Their mission in life is, almost by definition, one of sickness care. To talk of converting them to a major concern with maintenance of good health, is to seriously misunderstand the practice of medicine."

Apparently, this continues to be the present "consensus of medical opinion." The initiative of the general practitioner and his experience in nutritive preventive medicine has been discarded in favor of body-parts specialists who very often neglect treatment of the whole body to the detriment of the patient. Unlike those in China, where physicians are paid to keep the patient well, our physicians are organized to treat sickness; the resulting treatment seldom suffers from lack of remuneration via insurance or Medicare.

Not too long ago, Dean Lewis of Johns Hopkins Hospital stated: "The bane of modern medicine is a merciless commercialism." But to requote from the bishop's pastoral letter, "We are living in an arbitrary commercial age."

Mis-statement

A wrong "consensus" could be one of the reasons the life expectancy rating on the World Health Chart for 1968 shows the average age at death of U.S. males is 66.6 and females 74.1—the 25th place for men and 14th place for women, respectively. However, some medical columnists still refer to an earlier outdated previous rating of 15th place when they infer we are still a "well-fed nation." Ten nations, generally considered as less affluent than we are, have held their previous rating or attained a slightly higher rating while we were losing. As far as we can determine, this fact has not received much consideration for research.

Several congressmen and senators have in effect stated recently that research has been biased in favor of the chemical, drug, and processed food interests and has disregarded the health of the ordinary consumer. They inferred that changes would have to be made to provide for a healthier citizenry. Obviously, some of them are beginning to realize that substantial whole food accounts for two-thirds of good health with the other one-third

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relying on the knowledge and equal cooperation of the physician and his patient. It is no longer a fifty-fifty proposition.

In late years it has become quite apparent that, in many instances, the patient may be more versed in the benefits of nutrition than is his physician. However, each must suffer some illness before he realizes that only nature can heal; we humans can only assist. *It is regrettable that where health is concerned the obvious is too often overlooked.*

This point was recently substantiated when Dr. Ernest L. Wynder advised the House Subcommittee on Public Health and Environment: "The medical profession for its part must recognize that in the ever-increasing treatment of symptomatic illnesses we have failed in their prevention."

Now that organized medicine has begun to realize the effects of malnutrition, they have been forced to recognize another mal. This mal also failed to be recognized until it became a public controversy. Now we find out that malpractice has also been with us for some time. As stated previously, "error breeds error."

A recent editorial stated: "The malpractice crisis illustrated that what is good for doctors is necessary for their patients. It is time now to establish that what is good for patients may be necessary for doctors."

Supplements Necessary?

The use of dietary supplements has been deprecated, very possibly, to hide the fact that some modern foods contain little, if any, nutrition. In other words, recommendation of supplements would tend to bare the fact that many modern foods *do* lack specific nutrients. [*A note from Applied Trophology*: An example of ignorance of vitamin supplements is the professor of dermatology summarizing as follows: "There is no great need for concern about the relationship between vitamins and dermatological conditions. The use of vitamins in skin diseases and the relationship of their deficiencies to skin conditions has been largely eliminated by the modern standard of living. For all practical purposes, therefore, one may safely ignore them."]

This type of observation was recently refuted by Dr. John M. Knox, chairman of the Department of Dermatology at Baylor College of Medicine, Houston, Texas, who stated in *Geriatrics*, February 1975:

> "The skin, like other organs, requires the proper nutrition supplied by the essentials of a balanced diet. The diet of persons who do not receive adequate nutrition must be appropriately supplemented."

The skin is the largest organ of the body and its condition is often an important criterion in arriving at a proper diagnosis.

The policy of ignoring supplements to the ordinary dietary, as needed, brings to mind the sad fact that pellagra caused the death of some 10,000 people in our Southern States in 1915 and that statistics reveal there were some 200,000 active cases in 1917–1918 throughout the country. At the time, pellagra was referred to as the "4 Ds," namely: *dermatitis* (an example the overzealous professor failed to remember), *diarrhea*, *dementia* (confusion), and eventually *death*. After much confusion scientists finally arrived at the decision that the condition was due to a deficiency of niacin (B3) in conjunction with an amino acid deficiency in corn, a staple food in the South. Italian scientists had previously determined that corn was not a complete protein.

It would appear that medical technology has become so impressed not only with individual drugs but also with individual foods that they seldom consider the possible deleterious chemical combinations of drugs in the body, or the possible lack of synergistic value of the various types of foods in the body.

In this regard Professor Michael J. Walsh, consulting nutritionist and instructor in clinical nutrition, University of California at Davis, had this to say:

> "In the field of human nutrition, there is a tendency among those concerned with the supervision of diets and the planning of menus, to judge the value of foods on their individual merit, without regard to the relationship of any given food item to the total value or content of the dietary as a whole. For example, it is said that 'whole grain breads are excellent sources of the vitamins,' therefore they should occupy a prominent place in the diet. Another example, in an opposite context, it is said that eggs are 'high in cholesterol,' therefore they should be restricted in the dietary. Both of these random examples are samples of isolated judgments on prominent foods, which, in one case, may be responsible for creating dietary deficiency and imbalance through over-emphasis, and in the other case equally severe deficiencies and imbalances may be created by restriction or avoidance. Unfortunately, this is not the way of biological happenings. It does so happen that there is a well-defined relationship between the individual foods eaten and the dietary as a whole."

Basic Foods Necessary

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Dr. Richard Mackarness, senior psychiatrist at Prewett Hospital in Hampshire, England, and author of *Eat Fat and Grow Slim*, advises the readers to eat and to feed their children natural foods such as fresh fruits, nuts, vegetables, eggs, cheese, fish, and meat—or, as he calls it, a "Stone Age" diet. "Our modern diet is full of harm as it's lacking in essential basics and does not provide the protein and fats which are vital for developing nerves and brain cells," he explains. Also:

> "Today's processed foods simply do not provide enough energy to satisfy a child's bodily needs. So, he is always hungry, and this hunger manifests itself in feelings of restlessness, agitation and bad temper. Modern diet, full of starches and refined sugars, can make a child aggressive, antisocial and very difficult to handle… and it's easy for a child to rapidly become a 'carbohydrate addict.'"

He further reasons that his "Stone Age" diet of natural, unprocessed, and unrefined food is a must, especially in the psychiatric treatment of children. He also advises to "eat cereals of the unrefined variety, such as brown rice. If you must eat bread, choose the whole grain instead of the white type. And drink fresh fruit juices instead of processed beverages."

Nutritionists everywhere agree that the refinement of food makes it lose much of its nutritional value. This is especially true of the removal of the living germ from wheat in milling the flour for white bread and removal of the bran in polishing brown to white rice. The whole brown rice has been found to contain from 300 percent to 400 percent more B vitamins than the polished white rice. Fresh fruit juice must not be compared to the commercial fruit drinks now on the market, which contain 10 percent fruit juice, water, and a little ascorbic acid for vitamin C. Neither should fresh fruit be compared to the canned varieties containing heavy sugar-water syrup. Processed foods containing sugar-water and corn syrup contribute greatly to the now some 150 pounds per capita of sugar used yearly in this country. The fact that all the nutrition has been processed out of white sugar, leaving only carbohydrate, does not contribute to healthy teeth or to the body in general.

In agreement with Dr. Mackarness is Dr. Robert Wigglesworth, consulting pediatrician at Kettering Hospital in Northamptonshire, England. Dr. Wigglesworth said:

> "Children become dependent on refined sugars, which produce a rapid fluctuation in the body's blood sugar level. And as the blood sugar level falls, the child becomes hungry and often angry. There is no doubt that today's diet has had a bad effect on the behavior and development of our children."

The sad part of this situation is that the child is often stigmatized as being a mental case when in reality these tantrums may be just temperamental, probably 95 percent temper and only 5 percent mental.

For some time, cereal processors, flour millers, and industry investigators have stated that whole grain cereals and whole grain bread have a bad reaction in the diet because of the unassimilable fiber and a higher content of free phytic acid in comparison with the refined cereal products and the superiority of white flour in the baking of bread. Phytic acid is defined as the inositol-hexaphosphoric acid occurring as a constituent of cereal grains.

The white flour milling industry often quotes the theory of E. Mellanby, Brit. Med. Research Council, London, Spec. Rep. No. 93 (1925), in regard to free phytic acid combining with calcium, iron, magnesium, and other minerals to form insoluble phytates, which they believe contributes to their inability to be absorbed through the intestinal wall. But, as usual, in the processing something or other is lost. In this instance it is phytin. Phytin is defined as the calcium-magnesium salt of inositol-hexaphosphoric acid, a constituent of cereal grains. It has been found in seeds and tubers as a probable reserve material and has in the past been used as a stimulant. It is apparent that through the roller milling method of making flour the phytin content of the seed must be lost in such residue components as the seed germ, bran fiber, shorts, and other siftings.

Normally, phytin in food is accompanied by phytase, an enzyme occurring in plants, especially in cereals, which catalyzes hydrolysis of phytic acid to inositol and phosphoric acid. Again, nature has prepared the package beautifully. Raw bran, the covering of all seed grains, is one of the richest sources of phosphatase. Phosphatases are enzymes so essential in the assimilation of calcium, magnesium, iron, copper, zinc, and other minerals. According to later research on whole grain meal and 70 percent and 80 percent white flour and their breads, the investigators determined that when all the constituents were present and the bread baked properly, so all the ingredients had a chance to work in conjunction with one another, and the 1925 theory lost its punch. Nature, the Master scientist, seems to have done things right in the first place, without the aid or interference of bungling man.

Subsequent investigation regarding this subject can be found in *Modern Cereal Chemistry*, Kent-Jones, DN, Northern Publishing Co., Liverpool (1939). This treatise seemed to inspire further research by R.A. McCance and E.M. Widowson, Dept. of Medical Research, Cambridge, reported in *Nature* 148: 219 (1941) and *Nature* 153:650 (1944).

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Why Phyllis Quinn's Slow Cook

No Substitute for Natural Balance

Just as we find a whole egg (not dried yolk or dried white separated) contains the proper amount of lecithin, in balance, to metabolize its own cholesterol content, and cream and butter have their own saturated-unsaturated fat balance, so does whole grain have the natural germ and bran covering that furnish the enzymes to aid in the ionization and assimilation of the minerals in the whole grain. Any great loss of these constituents must be through processing. Commercial compounded egg and butter substitutes, with all their taste promises, are generally at a loss to supply all the synergists for essential metabolization.

In recent tests some of them were found to contain more saturated fats than the natural product for which they endeavored to substitute. Their advertisements play on the gullibility of the consuming public, who may assume that good taste means good nutrition. Nothing is further from the truth, as in the example previously mentioned: sugar (sucrose) is solely a carbohydrate that tastes good but, instead of being nutritional, furnishes only empty calories. The proteins, enzymes, and minerals have been lost in processing.

Phosphatase is one of the enzymes lost through the cooking of cereals and the pasteurizing of milk and cheese. It was likely the stimulative quality of the phosphatase content that provided the action for the old-time remedy, bran or barley water, for teething babies. When wheat, oats or barley were made in the form of a gruel, it proved to be a very efficacious baby food. Best results were obtained when cold water was added to the cereal, brought to a boil and allowed to cool naturally.

Apparently, this slow method allowed the enzyme phytase an opportunity to release phosphoric acid, inositol, and calcium-magnesium phosphates before their destruction by heat. The fast method of pouring boiling water on the cereals may not allow enough time for the enzyme to work properly and results in a poor-quality extract. This apparently explains the enzyme loss by pasteurization. With this interesting background we can envision the use of whole grain flour for baking bread, using a yeast leavening instead of baking powder, to allow more time for the enzymatic breakdown of the phytates before the usual heat of baking stops the necessary reaction.

Perhaps the entire picture will be more meaningful if we recall that phosphatase not only releases phosphoric acid and the mineral salts but also inositol, viewed by many, as a traction of the B complex. Some nutritionists are of the opinion that in all probability it is the phosphoric acid, together with inositol and the other vitamin B factors, that is responsible for the success of the brown rice diet, as has been reported on several occasions, in lowering blood pressure.

Animals and plants require phosphorus in the life processes of every cell in the body. And, as we know, calcium and phosphorus are the two most important minerals in bone and tooth formation, specifically in the ratio of 2½ parts of calcium to 1 part of phosphorus for adults and proportionately more for the growing child. The calcium-phosphorus combination comprises the largest amount of minerals in the body. Then, too, phosphorus as a phospholipid in the form of lecithin has been found essential to respiration and is implicated in the conduction of nerve impulses as related to the thought processes.

Generally speaking, the food sources of calcium are a good source of phosphorus. As noted in the brown rice diet, whole grain cereals are an excellent source as also are brain, liver, the seaweeds dulse (sea lettuce) and kelp. However, an exclusive cereal diet can unbalance the calcium-phosphorus ratio. *Good health demands compliance with natural balances.*

Recently the FDA recognized that continued use of antacids caused the loss of phosphorus and calcium. As a result, the users suffered from soft bones, general body weakness, discomfort, back pain, and loss of appetite. Also, a phosphorus imbalance could interfere with nerve transmissions resulting in a lack of coordination or possibly in paralysis. Nerve impulse transmission by saltatory conduction requires insulation of the axon by a phospholipid, sphingomyelin.

Interestingly, another constituent of nervous tissue is cholesterol. For those who know, all commercial ballyhoo to the contrary, cholesterol, as naturally formed, is an integral part of cell structure and is one of the most important elements for health in our daily living. It is also necessary for the body's manufacture of vitamin D. From cholesterol a precursor is formed in the intestinal mucosa, passes to the skin and is activated to vitamin D by solar ultraviolet light. It has never been proved that the cholesterol in hardened arteries comes mainly from increased levels in the blood. In fact, some investigators believe that the triglycerides are possibly more at fault then cholesterol. Defective utilization of lipids by the tissue is also cited. Others believe the artery clogging is due to the saturation of vegetable oils by hydrogenization.

Now that our teenagers are suffering from heart and vascular conditions, researchers are also indicting the homogenization of the butterfat in milk, the oil in peanut butter, and the so-called nonfat frying compounds. Then too, refined carbohydrates are now being cited as a major factor in elevated lipid levels. Just recently, nutritional investigator Dr. Leslie M. Klevay advised that there are at least twenty-five elements that have been reported to

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soil health and nutrition affect cholesterol. Obviously, this is the one reason no one has ever been able to prove that dietary saturated fat is the cause of high blood pressure, although high levels of blood cholesterol continue to be statistically associated with atherosclerosis. Apparently, more clinical testing is necessary before we discard all *natural* fats in our diet. And we must remember that the essential fatty acids are necessary for correct development of the physical structure of our body and its many biochemical processes.

UFA to SFA

Unsaturated fatty acids can be made to react with hydrogen in the presence of a catalyst (usually nickel) to change them to a saturated fat. The process is known as hydrogenization. For many years the hardening effect so produced has been widely used in the preparation of products such as margarine. One of the present uses is in the preparation of some vegetable oils for marketing. If at the beginning of the process fresh oils are used the results would be the transition to saturated fatty acids. However, should the oil at the beginning of the process be old and bordering on rancidity, it could, according to a report in the *British Medical Journal* (December 14, 1957), become a toxic saturated fatty acid. In this article on "Food and Health," Prof. Hugh Sinclair states:

> "Despite the great advances in medicine, surgery and public health, there is a rapid rise in the chronic degenerative diseases, coronary thrombosis, pulmonary diseases, cancer, peptic ulcer, gallbladder disease, appendicitis, allergies, asthma, ulcerative colitis and rheumatoid arthritis."

Since then, even with all the so-called medical breakthroughs, our health position has not improved. So we must conclude, at least from a nutritional viewpoint, to quote from *Agrochemical Age*, "Our real enemy is ignorance."

In *Nutrition and the Soil* by Dr. Lionel James Picton, OBE, also author of the *Medical Testament*, we are advised:

> "Ignorance is of two kinds. One is when you have knowledge but fail culpably to make use of it—you *ignore* it; the other is when you have not the knowledge. But as a rule, it is open to you to acquire it. I do not know into which category the ignorance of those in authority on this matter falls, although some of them have certainly been informed of the facts…We feel that the fact should be faced. Our daily work brings us repeatedly to the same point: this illness results from a lifetime of wrong nutrition."

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